PTO/SB/17 (12-04v2)
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| | | | | Complete if Known | | | | |
|---|-----------------------|--------------------------|---------|--------------------------------|---------------------------|--------------------------|---------|--------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | Application Nur | | 09/890,435-Conf. #1777 | | |
| FEE TRANSMITTAL | | | | Filing Date July 30, 2001 | | | | |
| · · · · | | | | First Named Inv | | | | |
| For FY 2005 | | | | Examiner Name G. Eng | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | | Art Unit 2643 | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 960.00 | | | | Attorney Docket No. 1163-0350P | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | |
| X Check Credit Card Money Order None Other (please identify): | | | | | | | | |
| Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | |
| Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | |
| FEE CALCULATION | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | |
| | | LING FEES | | ARCH FEES | EXAMIN | IATION FEES | | |
| Application Ty | /pe <u>Fee (</u> \$ | Small Entity | Fee (\$ | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees P | aid (\$) |
| Utility | <u>ree (3</u> |) <u>Fee (\$)</u> 150 | 500 | 250 | 200 | 100 | 1 663 1 | aid (\$) |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | |
| Provisional | 200 | 100 | 0 | 230 | 000 | 0 | | |
| | | 100 | U | U | U | U | | Small Entity |
| 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) | | | | | | | | |
| Fee Description Each claim over 20 (including Reissues) 50 25 | | | | | | | | |
| Each independent claim over 3 (including Reissues) | | | | | | | | 100 |
| Multiple dependent claims | | | | | | | 360 | 180 |
| · · | | | | Paid (\$) | Multiple Dependent Claims | | | |
| | - 20 = x = | | | Fee (\$) | | Fee Paid (\$) | | |
| - | | | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee I | Paid (\$) | | | | |
| | | ĸ = _ | | | | | | |
| 3. APPLICATION SIZE FEE If the greatification and drawings aveced 100 sheets of pages (evaluding electronically filed sequence or computer | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 | | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 (round up to a whole number) x = | | | | | | | | |
| 4. OTHER FEE(S) (round up to a whole number) x Fees Paid (\$) | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | |
| _ | ate filing surcharge) | Request | for con | tinued examina | |) (see 37 | | 0.00 |
| Extension for response within first month 120.00 | | | | | | | | |
| Additional Claims Fee 50.00 | | | | | | | | |
| SUBMITTED BY Registration No. 20 404 Telephone (702) 205 8000 | | | | | | | | |
| Signature | Signature Re (A | | | | | Telephone (703) 205-8000 | | |
| Name (Print/Type) Michael R. Cammarata | | | | | | Date November 28, 2005 | | |